



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-07.0	Subject: NON – EMERGENT HEALTHCARE REQUESTS & SERVICES	
Reference: NCCHC Standards P-A-01, P-A-09, P-E-07, P-I-06, 2014, MSP HS E-08.1	Page 1 of 5 and 1 attachments	
Effective Date: November 1, 2010	Revised: June 1, 2017	
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Signature / Title: /s/ Tristan Kohut, D.O. / Medical Director		

I. PURPOSE

To maintain a system that provides inmates the ability to request health care attention for health complaints on a daily basis. This procedure also provides an organized system for the collection, triage, treatment, and referral of inmate health care requests by health care staff and guidelines for the treating clinician's clinic practices.

II. DEFINITIONS

Health Care Request form (HCR) – the form utilized by inmates at MSP to request health care, that is received and reviewed by qualified health care staff, who act on the request for attention.

Clinicians Clinic – a designated time and place for physicians, nurse practitioners, or P.A.'s to respond to health service request referrals in a clinical setting.

Triage – the sorting and classifying of inmates' medical, dental, and mental health requests to determine priority of need and the proper place for health care to be rendered.

Treating Clinician – a physician, nurse practitioner, or physician assistant.

III. PROCEDURES

A. General requirements

1. Inmates are expected to initiate access to health care services by completing and submitting a Health Care Request form (HCR) available from housing unit staff.
 - a. HCR forms are available to all inmates in the housing units within the main compound, the Martz Diagnostic/Intake Unit (MDIU), the Work and Re-entry Center (WRC), and/or from staff.
 - b. Completed HCR forms are a confidential medical document used to assess the priority of the request (triage) and to route to the appropriate discipline or provider.
 - c. Each housing unit has a clearly marked, locked box designated for depositing completed HCRs by the inmates, except locked housing units.
 - d. A health care staff member will pick up the HCR forms daily from the housing unit boxes. HCR's are picked up twice a day by nursing staff during scheduled pill pass times in the locked housing units from each unit block.
 - e. If an inmate is unable or refuses to complete a request form, medical staff will complete the form on behalf of the inmate reporting the complaint, and will document on the form the reason the inmate did not personally complete the form. In this instance, the request form must be signed and dated by the medical staff member completing the form.

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- f. Inmates having medical emergencies will receive medical services with or without having submitted an HCR. Inmates may access emergency care by making their needs known to custody staff or medical staff. Inmates with life threatening conditions will receive immediate medical attention (MSP HS E-08.1).
2. Correctional Health Service Technicians (CHST) will not make nursing assessments that exceed their scope of training, license, or departmental policies or procedures.
3. All health care staff will ensure that communication with inmate patients occurs in private whenever possible. When cell-side triage is required in locked housing or other situations, health care staff will take precautions to promote private communication between staff and inmates, and instruct security staff in confidentiality.

B. Processing Health Care Service Request forms

1. HCR's will be collected daily by health care staff.
2. HCR's will be logged on the HCR log form and triaged within 24 hours of collection by a health care staff member and appropriate disposition of the request will be made.
3. Triage and logged forms will be organized and distributed in accordance with the service requested (e.g. medical, dental, pharmacy, mental health, etc.). Requests for routine mental health, dental, and pharmacy services will be forwarded to those respective areas for further processing.
4. AN HCR request that is urgent/emergent in nature will have the assessment encounter with a nurse happen immediately or as deemed necessary by a staff nurse.
5. A health care staff member will enter each HCR with a clinical symptom description into the "Sick Call Log". Sick Call Log entries made by staff will include the following: date, inmate's name, inmate's DOC identification number, inmate's housing unit, symptom/issue, date of nursing assessment, whether provider referral was made, and whether protocol medications were issued.
6. All provider referrals will be logged by nursing staff in the "Appointment Log". Entries will include: date, name, unit, DOC ID number, notation of mid-level or physician referral, notation of asap or routine, reason/issue for referral, and nurse initial
7. Scheduling staff will note the date the referral was scheduled on the Appointment Log as they are added to the daily provider schedule.
8. Non-medical staff are not expected or allowed to approve or deny requests for health care attention made by an inmate.
9. The white copy of the completed HCR will be filed in the appropriate section of the inmate's health care record. HCR's with completed nursing protocol assessments will be filed with the completed protocol under the tab "nurse's notes" and all others will be filed under the tab "health care requests".

C. Responding to Health Care Requests

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1. The daily nursing clinic for responding to HCR's will consist of inmates generated from:
 - a. HCR triage;
 - b. urgent/emergent encounters; and
 - c. custody staff referrals.
2. All HCR requests requiring a face-to-face assessment with a nurse will be seen within 48 hours (72 hours on weekends) of receipt of the HCR.
3. After the assessment by nursing staff, the nurse will determine, per nursing protocol recommendations, if the inmate is to be seen by a physician immediately (emergency), within 24 hours (urgent), or within 10 days.
4. Referral information will be logged by the nurse on the "Appointments to be Scheduled" log including the name, ID number, reason for referral, and time frame for the referred appointment to occur.
5. The Appointments to be Scheduled log is reviewed each morning by the nurse assigned to the Clinician's clinic and assignments for urgent or ASAP referrals are done prior to the start of the clinic operations. The provider assignments are noted on the log by the clinic nurse.
6. The staff responsible for inside appointment scheduling will set-up all other nursing referrals in the requested time-frame.
7. Inmates seen and assessed by nursing staff more than two times for HCR's for the same complaint who have not seen a clinician for the complaint will be scheduled for follow up in the clinician's clinic.
8. Nurses will provide treatment based upon physician approved protocols consistent with the Nursing Scope of Practice and will schedule patients for the next appropriate Clinician's Clinic when indicated.
9. Daily nursing clinics to address HCR's will take place in a private area to avoid conversation and assessment from being overheard by security staff or other inmates. Typically this will occur in satellite clinic areas throughout the institution or the main infirmary as is appropriate.
 - a. Security personnel will only be present if the patient poses a probable risk to the safety of the health care professional or others.
 - b. If conditions exist that require staff other than health care professionals to be present, health services staff will instruct those staff on maintaining patient confidentiality.

D. Clinician's Clinic

1. Clinician/s will be on site to see inmates at a minimum of 3 1/2 hours per week per 100 inmates i.e.49 hours/week for 1400 inmates in accordance with a regular schedule.
2. The treating clinician's appointments will consist of, but are not limited to, the following inmates:
 - a. Those assessed and referred by a nurse;
 - b. those seen during off hours in the emergency room as deemed necessary by the physician on call;
 - c. those returning from follow up appointments as ordered by the provider;

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- d. those returning from the outside diagnostics/procedures as deemed necessary by the provider;
- e. those referred by receiving nurse on intake from the intake/diagnostic housing unit;
- f. routine chronic care appointments.
- g. those scheduled for follow up by the clinician during a previous appointment.
- h. Inmates seen for more than two nursing assessments in response to HSR's for the same complaint.
- i. Daily emergencies as needed.

E. Documentation

1. Information will be collected from each inmate requesting medical service. At a minimum, the information collected will include items such as nature and history of complaint, current medications, allergies, vital signs, and other physical findings.
2. Inmate information will be properly documented on a nursing protocol form and maintained in the inmate's chart. All documentation that is recorded on the protocol record will be in Subjective, Objective, Assessment, and Plan format that is defined as follows:
 - a. Subjective: This is what the inmate tells the provider about his medical complaint during the interview. Often this includes the inmate's own words. The elicited history will include details pertinent to the provider's observation of the inmate's medical complaint.
 - b. Objective: This includes vital signs, the physical assessment, and the review of the record for diagnostic tests.
 - c. Assessment: This is the health care provider's assessment findings of the inmate's medical complaint. These findings generate the decision for emergent, urgent, five working day appointments, or if no follow up is indicated.
 - d. Plan: *NURSE* - This includes action to be taken by the healthcare provider so that the inmate receives appropriate medical care. This includes, but is not limited to, referral to the physician or scheduling a clinic appointment after consultation with a physician. RN/LPN's may provide treatment following the established nursing protocols in which they have been trained. *PHYSICIAN*: - The health care provider will list in detail the medical plan including, but not limited to, follow-up, medications, tests, procedures, consultations, and X-rays. Education of the inmate by providers will also be included in the plan.
3. Clinician documentation will occur on a progress note or chronic care form in the patient's chart.
4. Nursing documentation will occur on nursing protocols and in some cases progress notes in the patient's chart.

F. Appointments

1. Inmates are expected to initiate access to medical care in accordance with the general procedures. If an inmate is unable to walk or requires a security escort, arrangements will be made to have the inmate transported to the Infirmary. All medical interviews will be conducted in a confidential manner, subject to security concerns.
2. The inmate will be scheduled to see the provider for the earliest possible appointment if:
 - a. The inmate was assessed by the RN/LPN and findings indicate referral;
 - b. the medical complaint is outside the scope of practice; or

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- c. the inmate has reported to sick call more than two times with the same complaint and has not seen a physician.
- 3. In the event that a scheduled provider is absent, the schedule is to be reviewed by another provider (on site or via phone) to approve the canceling of appointments or to shift scheduling. Inmates with highest priority will be added to the on-site provider's schedule. Each appointment will be individually reviewed and the on-site provider will make the final decision for re-schedule. The above will be documented in the inmate's record and on the appointment schedule.
- 4. Inmates scheduled to be seen by a provider will be 'held in' their housing unit the day of the appointment.
 - a. A call to the unit will be made by security and/or medical staff to have the inmate sent to the infirmary at the appropriate time.
 - b. If an inmate is a "no-show" an inquiry will be made to the unit as to the reason.
 - 1) If an inmate refuses to come to a scheduled appointment, a signed, informed refusal will be initiated. By refusing treatment at a particular time the inmate does not waive his right to subsequent health care, and the inmate may not be punished for exercising his right to refuse.
 - 2) The refusal form is placed into the inmate's chart and the refusal will be documented in the progress notes.
 - 3) If a "no-show" is related to institutional measures, it is the responsibility of the clinic staff to remedy the cause and refer to the Director of Nursing or an Assistant Director of Nursing for appropriate interventions.

IV. CLOSING

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. ATTACHMENTS

HCR form

Attachment A

MONTANA STATE PRISON

HEALTH CARE REQUEST (KITE)

ONLY ONE (1) ISSUE per kite

INMATE **MEDICAL/DENTAL** REQUEST TO STAFF MEMBER

TO: INFIRMARY STAFF DATE: _____ UNIT: _____ DOC ID# _____

INMATE NAME: _____
(Last) (First)

SUBJECT: Completely state the problem with which you desire assistance. **(Please type or print).**

DO NOT WRITE IN SPACE BELOW

Name of Staff Member Receiving Request: _____ Date Received: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> ADMINISTRATIVE | <input type="checkbox"/> LAB | <input type="checkbox"/> SCHEDULING |
| <input type="checkbox"/> CHRONIC CARE | <input type="checkbox"/> MEDICAL RECORDS | <input type="checkbox"/> SICK CALL |
| <input type="checkbox"/> DENTAL | <input type="checkbox"/> MENTAL HEALTH | <input type="checkbox"/> SUPPLIES/EQUIPMENT |
| <input type="checkbox"/> DISCHARGE PLANNER | <input type="checkbox"/> OPTICAL | |
| <input type="checkbox"/> FNP/PA/DO/MD | <input type="checkbox"/> PHARMACY | |

DISPOSITION:

STAFF SIGNATURE: _____ DATE COMPLETED: _____

ASSESSMENT DATE: _____ REFER TO: _____

DATE SCHEDULED: _____

White-Medical File

Canary-Response to Inmate

Pink-Inmate Receipt